

HEARING DATE:

CITY OF HARRISONBURG
OFFICE OF REAL ESTATE ASSESSMENT

HEARING TIME:

APPLICATION FOR REVIEW OF REAL ESTATE ASSESSMENT

*A separate application **must** be filed for **each** Tax Map Number.

1. Tax Map Number: _____
2. Property Owner Name: _____
3. Address of appealed property: _____
4. Reason for Appeal: (Check applicable reason(s) for appeal.)
 - A. _____ Property is not assessed at Fair Market Value.
 - B. _____ Property is not assessed equitably with similar surrounding properties.
 - C. _____ Other reason. Please specify below.

COMPARABLE PROPERTIES

*Please list below comparable properties in the surrounding area.

	PROPERTY ADDRESS	ASSESSED VALUE	
		LAND	IMPROVEMENT
1.	_____		
2.	_____		
3.	_____		

NEW ASSESSED VALUE FROM NOTICE: LAND: _____ BLDG: _____

COMMENT (Specify any other reason for appeal.):

OFFICE USE ONLY

CHANGE: _____ NO CHANGE: _____

LAND: _____ IMPROVEMENT (BLDG): _____

REASON FOR CHANGE: _____
